

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

78-24

CERTIFICATE OF DEATH

Reg. Dist. No.

07800

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN <u>Ellicott City</u>		OR TOWN <u>Baltimore</u>	<u>3Vo 1-4</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Shaffer's Convalescent Retreat, Montgomery Road</u>		STREET ADDRESS (If rural give location)	<u>2716 N. Howard Street</u> ✓
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
LOUISE BENNETT		DEATH: <u>AUGUST 14, 1955</u>	
5. SEX: <u>female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>Feb. 28, 1856</u>
9. AGE last birthday: <u>99</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>unknown</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>---</u>	
11. BIRTHPLACE (State or foreign country): <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Patrick H. Bennett</u>		14. MOTHER'S MAIDEN NAME: <u>Sophia Farnham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT & ADDRESS: <u>Bessie Herchenhahn, 2716 N. Howard</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Parkinson's disease</u>			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. (If EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 1942</u> to <u>Aug 14, 1955</u> , that I last saw the deceased alive on <u>Aug 13, 1955</u> , and that death occurred at <u>7 B</u> M. from the causes and on the date stated above.			
SIGNATURE <u>John B. Lee</u>		ADDRESS <u>10374. Cedar St Baltimore</u>	
DATE SIGNED <u>8/15/55</u>		M. D. <u>10374. Cedar St Baltimore</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>8/16/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cemetery</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8/16/55</u>		REGISTRAR'S SIGNATURE <u>U W Hedrich</u>	
24. FUNERAL DIRECTOR <u>Wm Cook Inc.</u>		ADDRESS <u>1217 St. Paul Street</u>	

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CHICAGO, ILL. 60607

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MARYLAND STATE DEPARTMENT OF HEALTH

07810

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rt #2 Woodbine</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Berwyn</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt #2 Woodbine</u>		STREET ADDRESS (If rural, give location) <u>167-22</u>	
3. NAME OF DECEASED (First) <u>Margaret</u> (Middle) <u>Jane</u> (Last) <u>Bewley</u>		4. DATE OF DEATH (Month) <u>August</u> (Day) <u>3</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6/12/1881</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Doaktown, N.B. Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Samuel D. Betts</u>		14. MOTHER'S MAIDEN NAME <u>Hester McKinnon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
17. INFORMANT AND ADDRESS <u>Mrs. John D. Bewley, Rt 2 Woodbine, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> Immediate cause (a) <u>Chronic Myocarditis</u> Antecedent cause(s) (b) <u>Arterio Sclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>-</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>years</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>6/25</u> , 19 <u>55</u> , to <u>7/30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>55</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		ADDRESS <u>Sandy Sping</u> DATE SIGNED <u>8/3/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Reinterred</u>		DATE THEREOF <u>8-3-55</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Paul's</u>		LOCATION (City, town, or county) (State) <u>Hyattsville, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 6, 1955</u>		24. FUNERAL DIRECTOR <u>Joseph Mercier</u> ADDRESS <u>Joseph Mercier Home - Hyattsville, Md.</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 7 1955
BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

07811

2411 N. Charles Street, Baltimore

7395

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTRY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN <u>Ellicott City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Columbia Road</u>		STREET ADDRESS (If rural, give location) <u>Columbia Road</u>	
3. NAME OF DECEASED (Type or Print) <u>BARBARA LORETTA BIANEY</u>		4. DATE OF DEATH <u>8-10-55</u> 19 <u>55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>10-7-1868</u> 86 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Catonville, Md</u>
13. FATHER'S NAME <u>George Schatz</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Betzold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
		17. INFORMANT AND ADDRESS <u>Isabelle Barger, Ellicott City, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>420.0</u> <u>acute cardiac failure</u>		<u>12 hrs</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<u>20 years</u>
(a) <u>arteriosclerotic heart disease</u>		
(b)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1946, to 8/9, 1955, that I last saw the deceased alive on 8/9, 1955, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>8-13-55</u>	NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	LOCATION (City, town, or county) <u>Baltimore, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>Aug 10, 1955</u>	REGISTRAR'S SIGNATURE <u>John B. Loughman</u>	24. FUNERAL DIRECTOR <u>F.C. Higinbotham</u>	ADDRESS <u>Ellicott City, Md.</u>	
<u>Pu. B. E. G.</u>				

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RECEIVED

AUG 12 1955

BUREAU V. S.

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Items 7, 11, 12, 14, 24 Film 185 8-15-55 et Item 14 Film 185 8-17-55 et 07812
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Howard		MARYLAND		STATE Tenn		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Ellicott City (rural)				CITY (If outside corporate limits write RURAL and give nearest town) La Follette			
HOSPITAL OR INSTITUTION OR Rt. 103 500 feet north of STREET ADDRESS Meadowridge Road.				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last) John Franklin Comer				4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: 8-31-35	
9. AGE last birthday: 19 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Army		11. BIRTHPLACE (State or foreign country): Campbell Co., Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Henry Comer				14. MOTHER'S MAIDEN NAME: Josephine Ivey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: _____			
				17. INFORMANT & ADDRESS: Martin Funeral Home, Lake City, Tenn.			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
823X Immediate cause (a) 2nd and 3rd degree burns upper half of body & head DUE TO Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) _____				Instant	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway		21c. (City or town) (County) (State) Ellicott City Howard Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-1-55 9.58 P M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car left road struck utility pole and burned	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE George E. Burdorf		Ellicott City, Md		M. D. 8-1-55	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 8-5-55		NAME OF CEMETERY OR CREMATORY ---	
LOCATION (City, town, or county) (State) LaFollette, Tenn.					
DATE REC'D BY LOCAL REG. Aug. 4, 1955		REGISTRAR'S SIGNATURE John Loughran		24. FUNERAL DIRECTOR Martin Funeral Home, Lake City, Tenn.	
				ADDRESS	

RECEIVED

AUG 5 1955

BUREAU V. S.

7813

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Balto.</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>Ellicott City</u>		<u>3</u> days		OR TOWN <u>Baltimore 29</u> <u>03X-2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Taylor Manor Hospital</u>				STREET ADDRESS (If rural give location) <u>112 Malbrook Road</u> ✓			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Ferdinand JOHN Deichmiller</u>				<u>August 22 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Dec. 28, 1892</u>	<u>62</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Optical Tech. Optical</u>				<u>Optical</u>		<u>Baltimore, Md.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John Deichmiller</u>				<u>Katherine Engelhaupt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
				<u>213-03-0970</u>		<u>Lillian G. Deichmiller 112 Malbrook Rd</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u> 45 min.							
ANTECEDENT CAUSE (B) <u>Arteriosclerotic Cardiovascular dis.</u> ? sev. Yrs							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>---</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Agitated depression</u> 2 mos.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While at work Not while at work		21F. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from <u>Aug 20 1955</u> to <u>Aug. 22, 1955</u> , that I last saw the deceased alive on <u>Aug 22</u> , 19 <u>55</u> and that death occurred at <u>12:15</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Leonard M. Rothstein, MD</u>				ADDRESS <u>M.D. Taylor Manor Hospital</u> DATE SIGNED <u>Aug 22, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>				<u>Aug 25-1955</u>		<u>Landon Park Ave</u>	
DATE REG'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>8/23/55</u>				<u>U. W. Hedrick</u>		<u>John R. Gensel 5311 Edmondson Ave</u>	

MARGIN RESERVED FOR BINDING

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OFFICE OF THE SECRETARY OF THE ARMY

AND

OFFICE OF THE SECRETARY OF THE NAVY

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home		STREET ADDRESS (If rural, give location) 2838 Edmondson Avenue	
3. NAME OF DECEASED (Type or Print) (First) James (Middle) T. (Last) Gaskins		4. DATE OF DEATH (Month) August (Day) 24 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH Jan. 16, 1864 91 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Donut Corp. of Amer Northumberland, Pa.	
11. BIRTHPLACE (State or foreign country) U S A		12. CITIZEN OF WHAT COUNTRY U S A	
13. FATHER'S NAME William Gaskins		14. MOTHER'S MAIDEN NAME Rebecca M. MacGregor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. Damon S. Gaskins 2838 Edmondson Ave	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
610X Immediate cause (a) Uremic Coma		1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Hydronephrosis		?
(c) Benign Paroxysmal Hypertension		3-5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/17**, 19**55**, to **8/24**, 19**55**, that I last saw the deceased alive on **8/17**, 19**55**, and that death occurred at **1.35 A.M.**, from the causes and on the date stated above.

SIGNATURE

Chas J Miller MD

ADDRESS

5226 BOLD NAT. PIKE

DATE SIGNED

8/25/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 26, 1955	NAME OF CEMETERY OR CREMATORY Woodlawn	LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		G. Howard Strong	3207 W. North Ave

MARGIN RESERVED FOR BINDING



7819

MARYLAND STATE DEPARTMENT OF HEALTH

07816

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY Howard		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Ellicott City		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		<input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road				STREET ADDRESS Old Frederick Road		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) MINOTIA		(Middle) HARBIN		(Last)	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH October 5, 1967	
				9. AGE last birthday 87 yrs.		4. DATE OF DEATH August 24, 1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Cowan				14. MOTHER'S MAIDEN NAME Mary Cassel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS George Harbin, Ellicott City, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Arteriosclerotic Cardiovascular Disease*INTERVAL BETWEEN
ONSET AND DEATH*2 years*

Antecedent cause(s)

(b)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

Yes ☐ No ☒21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Not While
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/1*, 19*53*, to *8/24*, 19*55*, that I last saw the deceasedalive on *8/24*, 19*55*, and that death occurred at *9:20* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*George E. Burdette, M.D.**Ellicott City, Md.**8/26/55*23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*Aug. 27, 1955**John B. Loughman**F.C. Higinbotham, Ellicott City, Md.**Per. B.E. L.*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

SEP 1

MARYLAND

STATE DEPARTMENT OF HEALTH

7811

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Nursing Home		STREET ADDRESS (If rural, give location) 1314 E. Belvedere Ave	
3. NAME OF DECEASED (First) Nora	(Middle) C.	(Last) Heath	4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1955
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH JAN. 9 - 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edwin H. Heath		14. MOTHER'S MAIDEN NAME Sarah R.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Walter R. Heath 1314 E. Belvedere Ave.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) ... Cerebral Vascular Accident Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ...		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
21. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/15 , 19 55 , to 8/13 , 19 55 , that I last saw the deceased alive on 8/11 , 19 55 , and that death occurred at 5226 BALR. HART. RD , m., from the causes and on the date stated above.			
SIGNATURE Walter R. Heath		DATE SIGNED 8/14/55	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Aug. 15, 1955	
NAME OF CEMETERY OR CREMATORY Mt. Olivet		LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE REC'D BY LOCAL REG. 5-55		24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. 530 5 Harford Rd.	

MARGIN RESERVED FOR BINDING



07819

MARYLAND

7812

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home		STREET ADDRESS (If rural, give location) 5312 Catalpha Road #14	
3. NAME OF DECEASED (Type or Print) Mrs. Susan E. Kerner		4. DATE OF DEATH (Month) August (Day) 30 (Year) 55	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH July 10, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE last birthday 78 yrs.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. James Thompson		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Gilbert Adelhardt, 6308 Marietta Ave.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4/6X Immediate cause (a) ... Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Cerebral Vasc. Accident Arteriosclerosis, generalized Rheumatic Heart Disease
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to Aug 30, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at.....m., from the causes and on the date stated above.			
SIGNATURE Lina J. Miller (M)		ADDRESS 5226 Balt. Not. Ave	
DATE SIGNED 8/30/55			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Sept. 2, 1955	
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		LOCATION (City, town, or county) Baltimore, Maryland	
DATE REC'D BY LOCAL REG. 8/31/55		REGISTRAR'S SIGNATURE Leonard J. Ruck	
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14		ADDRESS	

MARGIN RESERVED FOR BINDING

Church T. L.

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print) <i>Joseph C. Kreeger</i>		2. DATE OF DEATH <i>Aug 13, 1951</i>	
3. PLACE OF DEATH A. <i>Baltimore City, Maryland</i> B. <i>Church St., Ellicott City</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. <i>Maryland</i> B. <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>90 Highland Mann Nursing Home</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. STREET ADDRESS (If rural, give location) <i>Grand Hotel, Fayette & Race Sts</i>		8. DATE OF BIRTH <i>6/3/97</i>	
9. LENGTH OF STAY IN BALTIMORE <i>60 yrs</i>		9. AGE (In years, last birthday) <i>68</i>	
10. SEX <i>M</i>		10. COLOR OR RACE <i>W</i>	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		12. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handy man</i>		14. KIND OF BUSINESS OR INDUSTRY <i>Grandview Inn</i>	
15. FATHER'S NAME <i>Alexander Kreeger</i>		16. MOTHER'S MAIDEN NAME <i>Amelia Garrisa</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		18. SOCIAL SECURITY NO. <i>215-22-3179</i>	
19. CAUSE OF DEATH <i>Bothesda, Maryland</i>		20. INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Acute Myocardial Infarction</i>		22. DUE TO <i>Arteriosclerosis Heart Dis.</i>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION <i>June 1, 1951</i>		26. MAJOR FINDINGS OF OPERATION <i>June 1, 1951</i>	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Aug 11, 1951</i>		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR? <i>11 p.m., from the causes and on the date stated above.</i>		30. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. I hereby certify that I attended the deceased from <i>June 1, 1951</i> to <i>Aug 13, 1951</i> , that I last saw the deceased alive on <i>Aug 11, 1951</i> , and that death occurred at <i>11 p.m.</i> , from the causes and on the date stated above.		32. SIGNATURE <i>Wm J. Trill</i>	
33. ADDRESS <i>5226 BACF. MAR. PIKE</i>		34. DATE SIGNED <i>8/14/51</i>	
35. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		36. DATE <i>August 17, 1951</i>	
37. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cemetery</i>		38. LOCATION (City, town, or county) <i>Pikesville, Maryland</i>	
39. DATE RECEIVED BY LOCAL REGISTRAR <i>August 17, 1951</i>		40. REGISTRAR'S SIGNATURE <i>Edgeworth Demarest</i>	
41. FUNERAL DIRECTOR <i>Edgeworth Demarest</i>		42. ADDRESS <i>Edgeworth Demarest</i>	

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINTEXT UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



7814 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Poplar Spring</u>	LENGTH OF STAY (in this place) <u>19 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Poplar Spring</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 3, Mt. Airy, Md.</u>		STREET ADDRESS (If rural give location) <u>Route 3, Mt. Airy, Md.</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Luigi</u>	(Middle) <u>-</u>	(Last) <u>Lizi</u>	(Month) <u>Aug.</u> (Day) <u>27</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>June 4, 1898</u>
9. AGE last birthday <u>57</u> yrs		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>merchant</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Pasquale Lizi</u>		14. MOTHER'S MAIDEN NAME: <u>P.P.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): <u>yes.</u>		16. SOCIAL SECURITY NO. <u>218-18-2523</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Mary C. Lizi, Route 3, Mt. Airy, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Acute Coronary Thrombosis</u>		<u>About 10 minutes</u>	
ANTECEDENT CAUSE (B) <u>Coronary Arteriosclerosis</u>		<u>About 2 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug.</u> , 19 <u>55</u> , to <u>Aug.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>55</u> , and that death occurred at <u>11:30</u> AM, from the causes and on the date stated above.			
SIGNATURE <u>W.B. Culwell</u>		ADDRESS <u>Mt. Airy, Md.</u>	
DATE SIGNED <u>August 27, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>8-30-1955</u>	
NAME OF CEMETERY <u>Pine Grove</u>		LOCATION (City, town, or county) (State) <u>Mt. Airy, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Sept. 6, 1955</u>		REGISTRAR'S SIGNATURE <u>E. Pearl Manning</u>	
24. FUNERAL DIRECTOR <u>C. M. Waltz</u>		ADDRESS <u>Winfield, Md.</u>	

MARGIN RESERVED FOR BINDING

PLAU V. S.

SEP 7 1952

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07822

CERTIFICATE OF DEATH

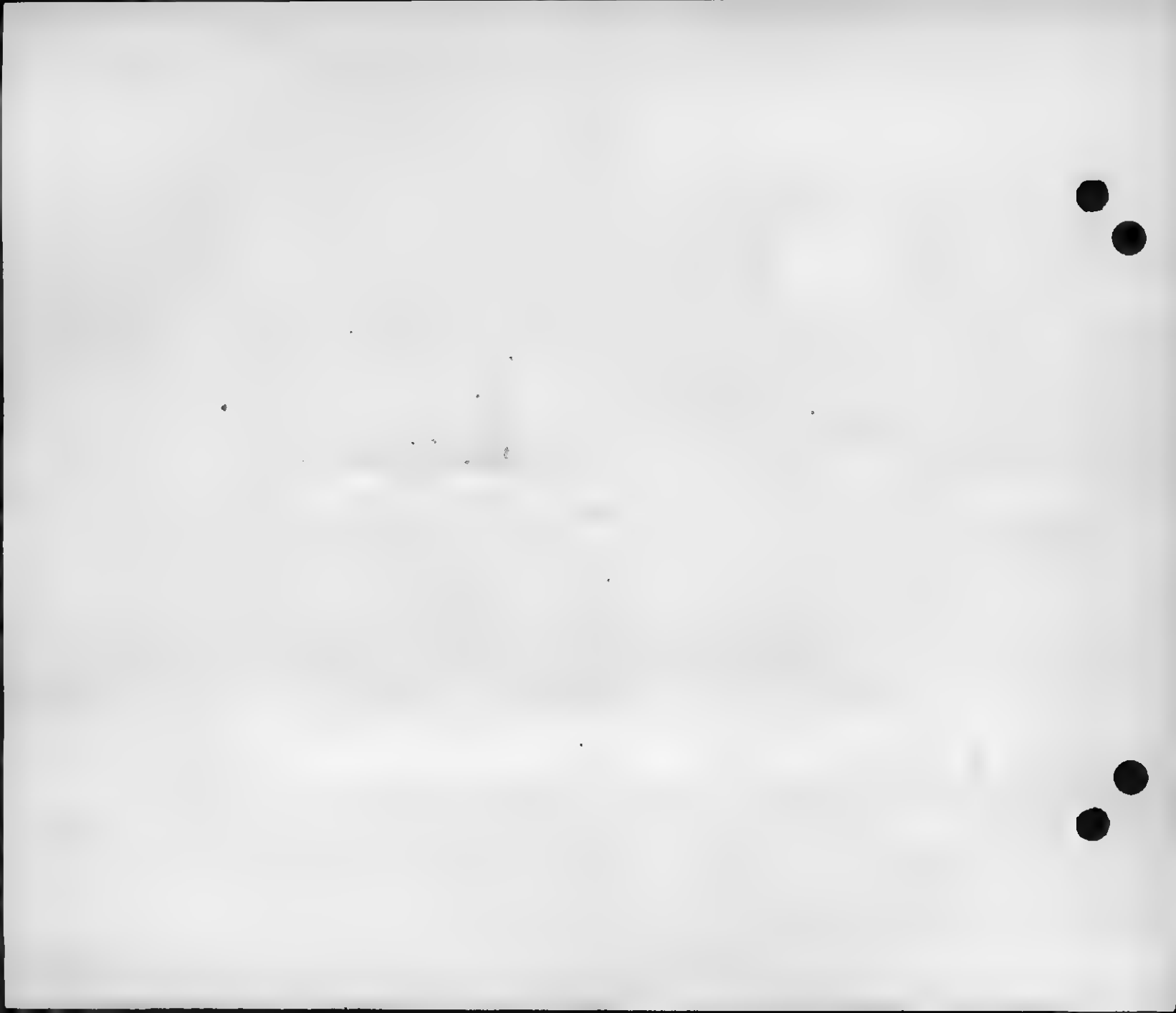
Reg. Dist. No.

1. PLACE OF DEATH - COUNTY <i>Howard</i> <i>Home</i>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Md</i> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Ellicott City</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Balto</i>	
TOWN <i>Ellicott City</i>		TOWN <i>Balto</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>High Lane Convalescent Home</i>		STREET ADDRESS (If rural, give location) <i>1718 N. Bradford St</i>	
3. NAME OF DECEASED (First) <i>Anna M.</i> (Middle) <i>Mason</i> (Last)		4. DATE OF DEATH (Month) <i>Aug</i> (Day) <i>31st</i> (Year) <i>1955</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 14 1889</i> yrs. <i>66</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <i>John B. Weisman</i>		14. MOTHER'S MAIDEN NAME <i>Laura V Everett</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <i>Mrs. H. Mason 1718 N. Bradford St</i>	
17. INFORMANT AND ADDRESS			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause (a) <i>Cerebral Vasc. Accident</i>			
Antecedent cause(s) (b) <i>Cerebral Arteriosclerosis</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/2</i> , 19 <i>55</i> , to <i>8/30</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>8/26</i> , 19 <i>55</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>Chas J. Willard</i>		ADDRESS <i>5226 Balt Not Rd</i> DATE SIGNED <i>8/31/55</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Sept 3 1955</i>	
NAME OF CEMETERY OR CREMATORY <i>Western</i>		LOCATION (City, town, or county) (State) <i>Edmondson Ave</i>	
DATE REC'D BY LOCAL REG. <i>9-2-55</i>		REGISTRAR'S SIGNATURE <i>Leo B. Koch</i> ADDRESS <i>1701 1/2 N. Patterson Park Ave</i>	
FURNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7816

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

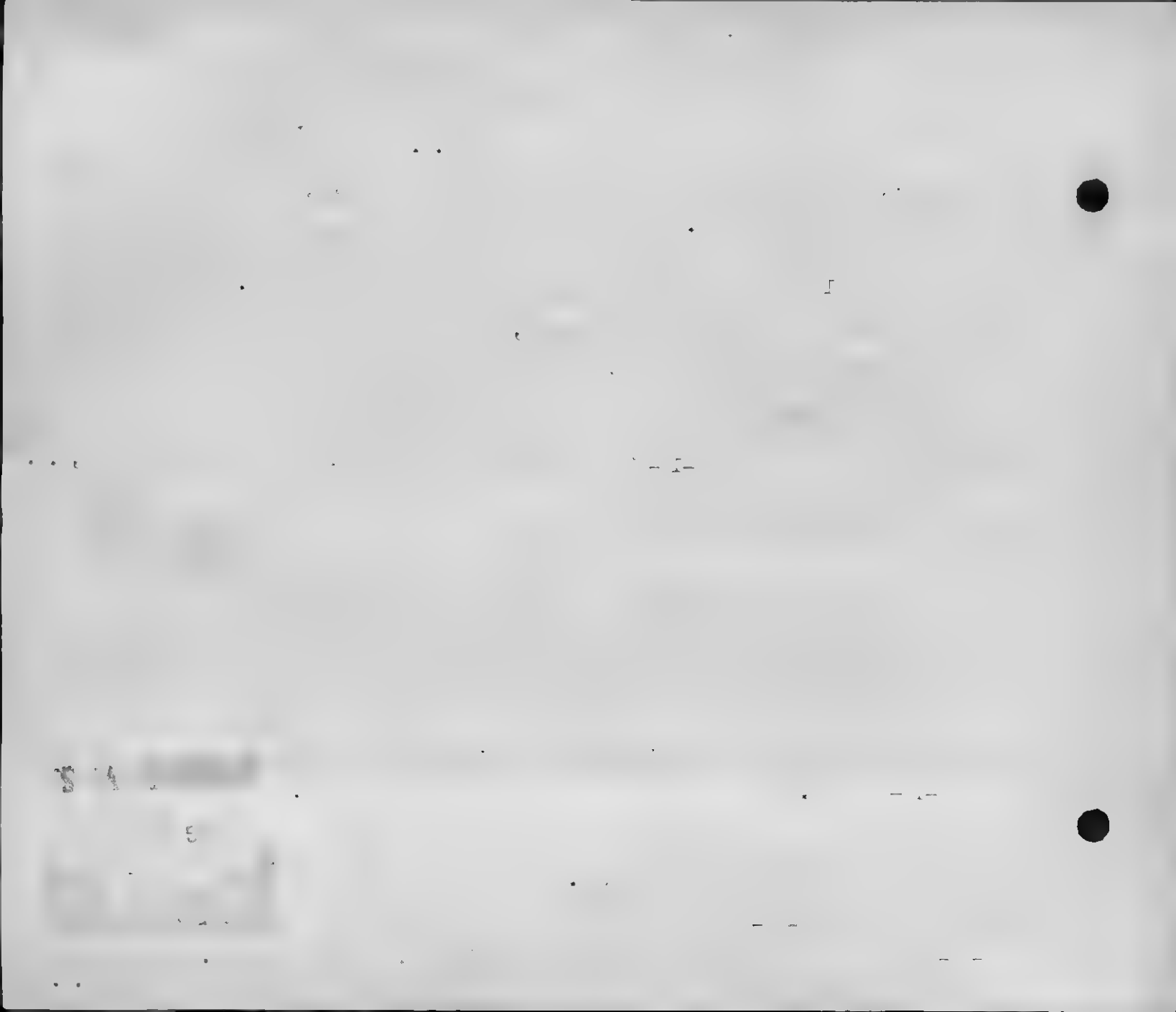
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07823

Reg. Dist.

No. 191

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>D.C.</u>		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
<input checked="" type="checkbox"/> TOWN <u>Ellicott City</u>				<input checked="" type="checkbox"/> TOWN <u>Washington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		2 mile west of Rt. 1 on route #175		STREET ADDRESS (If rural, give location)			
				<u>1416 14th Street NW</u>			
3. NAME OF DECEASED: (Type or Print) <u>Ralph</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 19 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>May 15, 1914</u>	
9. AGE last birthday: <u>41</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Laborer</u>		11. BIRTHPLACE (State or foreign country): <u>South Carolina</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Wesley Mc Kinney</u>				14. MOTHER'S MAIDEN NAME: <u>Hessie Watkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) <u>WW 2</u>		16. SOCIAL SECURITY No.: <u>242-12-3369</u>		17. INFORMANT & ADDRESS: <u>Osborne Mc Kinney, 1418 9th NW Washington, D.C.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>824X</u> Immediate cause (a) <u>Compound fracture of skull</u> DUE TO						<u>Instant</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Multiple Fractures</u>							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>		21c. (City or town) (County) (State) <u>Rt. #175 Ellicott City (rural) Howard Md</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>8-16-55 10.38 AM</u>		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from moving truck which ran over him.</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/>, Accident <input checked="" type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
SIGNATURE <u>George E. Bampton M.D.</u> <u>Ellicott City, Md.</u>		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED <u>8-16-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>		DATE THEREOF <u>8-17-55</u>		NAME OF CEMETERY OR CREMATORY <u>Washingt.</u>		LOCATION (City, town, or county) (State) <u>Washington, D.C.</u>	
DATE REC'D BY LOCAL REG. <u>8-17-55</u>		REGISTRAR'S SIGNATURE <u>John B. Loughran, Jr.</u> <u>B.E.L.</u>		24. FUNERAL DIRECTOR <u>Hall Bros. 621 Florida Ave. NW Washington D.C.</u>			



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

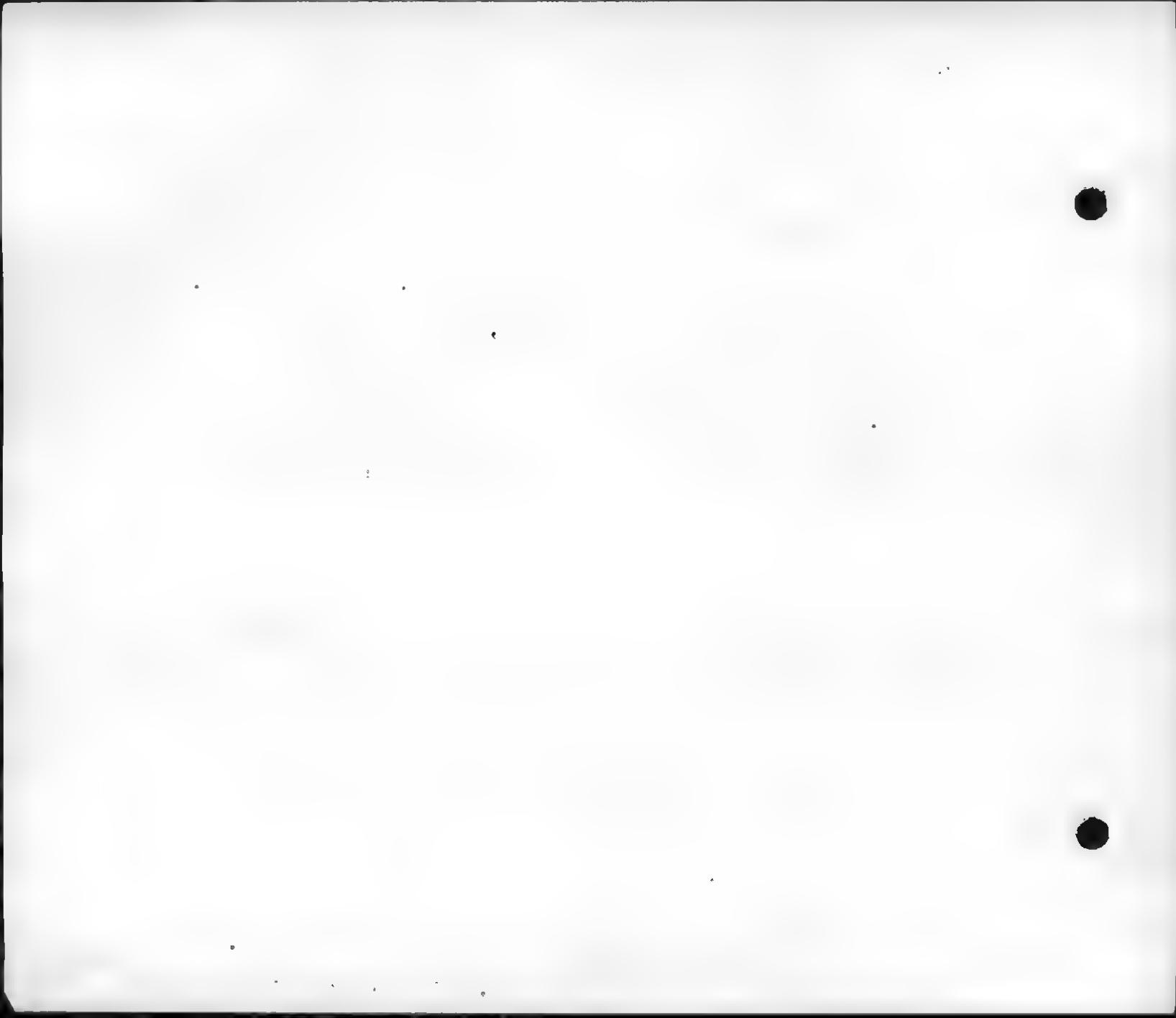
07824

7817

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>HOWARD</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Howard</u>			
CITY (If outside corporate limits, write RURAL or TOWN and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL or TOWN and give nearest town)			
X <u>Brookville</u> (Rural)				TOWN <u>Brookville</u> (rural)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenwood</u>				STREET ADDRESS (If rural give location) <u>Glenwood</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>CHARLES J. PIPES Sr.</u>				<u>Aug. 15 19 55</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED , WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <u>June 20, 1985</u>	9. AGE last birthday <u>70</u> yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country): <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: <u>Hiram J. Pipes</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>220-30-6019</u>		17. INFORMANT & ADDRESS: <u>Nerva Pipes, Brookville, Md</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>420.0 Coronary Thrombosis, Atherosclerosis, generalized</u>						<u>2 years</u>	
ANTECEDENT CAUSE (B) <u>Arteriosclerotic heart disease, long-term</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1954</u> , to <u>Aug</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>15 Aug</u> , 19 <u>55</u> , and that death occurred at <u>11:20 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Howard E. Hall</u>		M. D. <u>Reverie, Md</u>		DATE SIGNED <u>15 Aug 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>AUG. 20, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. View</u>		LOCATION (City, town, or county) (State) <u>Alpha, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8-25-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md</u>	



7318

07826

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 192

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Howard		MARYLAND	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR		
TOWN Marriottsville			TOWN Baltimore		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
1 mile east of Marriottsville on south branch Patapsco			708 S. Ponca St.		
3. NAME OF DECEASED: (Type or Print)			4. DATE OF DEATH		
W A I N E V E R N O N T E E T S			August 7, 1955		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR
Male	White	Married	AUG 24, 1932	23/22 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Body builder		automobile		Kingwood, W. Va.	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
Teil Teets			Evelyn Matting		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)			17. INFORMANT & ADDRESS:		
yes			Mrs Evelyn Teets, R.D.2. Kingwood, W. Va.		

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Asphyxiation (drowning)				Instant	
Antecedent cause(s) (b) DUE TO					
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)					
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Patapsco River		21c. (City or town) (County) (State)	
Marriottsville		Howard		Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-7-1955 1.15 PM		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowning, Swimming Patapsco River	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		CHIEF MEDICAL EXAMINER		DATE SIGNED	
Charles S. J. Baker, M.D.		Clarksville, Md.		8-9-55	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
BURIAL		7-10-55		MT. MORIAM	
24. FUNERAL DIRECTOR		LOCATION (City, town, or county) (State)		ADDRESS	
Oliver W. Hart		Kingwood W. Va.		1416 INBOTHOM, ELUCATT CITY Md.	



7319

CERTIFICATE OF DEATH

Reg. Dist. No.

190

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY HOWARD	MARYLAND	STATE MARYLAND	COUNTY HOWARD
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL, and give nearest town)	
<input checked="" type="checkbox"/> TOWN ELKRIDGE		TOWN ELKRIDGE	<input checked="" type="checkbox"/>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
5800 OLD WASHINGTON BLVD.		5800 OLD WASHINGTON BLVD.	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
GRACE AGNEW TOOMEY		DEATH: AUGUST 3, 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:
Female	White	Widowed	February 19, 1881
9. AGE last birthday		IF UNDER 1 YEAR	
74 yrs.		Months Days Hours Mln.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	
Housewife			
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Baltimore, Maryland		U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Thomas A. Agnew		Mary Ann Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT & ADDRESS:			
Mr. Charles E. Toomey, Jr., 5611 Washington Blvd			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE			
(A) Coronary Thrombosis			Instant
DUE TO			
(B) N. B. - Found dead in bed.			
DUE TO			
(C) I saw her the previous day			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
at noon.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 2, 1955 to Aug 3, 1955 that I last saw the deceased alive on Aug 3, 1955 , and that death occurred at 8 A.M. from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
B. B. Bumbang, M.D.		Aug 4/53	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		August 5, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Loudon Park Cemetery		Baltimore, Maryland	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR ADDRESS	
Miss E. B. Williams		Wm. J. Tiekner & Sons, Balto. 17, Md	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 8 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

07828

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH - COUNTY <u>Howard</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>LAURA</u>	(Middle) <u>DOLORES</u>	(Last) <u>WOOD</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-23-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>51</u> yrs. <u>21</u> Months <u>21</u> Days <u>1955</u> If under 1 year If under 24 hrs. Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George J. Brookheiser</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Kelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Royden H. Wood, Ellicott City, Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause (a) <u>Carcinoma of Stomach</u>		<u>2 mos.</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>with metastases</u>		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-41, 1941, to 8-21, 1945, that I last saw the deceased alive on 8-15-45, 1945, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE Nary J. Lumbel M.D. - 4605 Edmondson Ave - 8-22-55 ADDRESS Baltimore, Md DATE SIGNED 8-22-55

23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>8-24-55</u>	NAME OF CEMETERY OR CREMATORY <u>Louison Park</u>	LOCATION (City, town, or county) <u>Baltimore, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>Aug. 22-55</u>	REGISTRAR'S SIGNATURE <u>John B. Longheiser</u>	24. FUNERAL DIRECTOR <u>F.C. Higinbotham</u>	ADDRESS <u>Ellicott City, Md</u>	

Pu. B. E. L.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 24 1935

RECEIVED